



..... CERTIFIED PUBLIC ACCOUNTANT

CATHERINE L. OZMENT, CPA PLLC
3402 JOHN STOCKBAUER DR
VICTORIA, TEXAS 77901
361-578-7333

2021 Client Information Form

Existing Client 65 or older
 New Client Active duty military/veteran

FILING STATUS
 Married MFS Single HOH Widow

TAXPAYER

Full Name _____
Social Security Number _____
Date of Birth _____
Occupation _____
Phone _____
Email _____

Preferred method of contact:
 Phone Text Email

SPOUSE

Full Name _____
Social Security Number _____
Date of Birth _____
Occupation _____
Phone _____
Email _____

Preferred method of contact:
 Phone Text Email

Address: _____ City _____ State _____ Zip _____

Did you or your spouse purchase health insurance through the Marketplace in 2021? Yes No
*If yes, please provide Form 1095-A

DEPENDENTS

Full Name	DOB	Social Security #	Relationship	College Student?	Child Care?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUDIT PROTECTION PLANS

Add Basic Audit Protection \$29 Add Core Audit Protection \$59 Add Premium Audit Protection \$99

_____ Initial to opt out of audit protection



CERTIFIED PUBLIC ACCOUNTANT

CATHERINE L. OZMENT, CPA PLLC
3402 JOHN STOCKBAUER DR
VICTORIA, TEXAS 77901
361-578-7333

BANK INFORMATION

If you are due a refund, would you like direct deposit? Yes No

If you have tax due, would you like it to be automatically withdrawn from your bank account? Yes No

If you answered yes to any of the above, please provide your bank account information below.

Bank _____ Routing # _____

Account # _____ Checking Saving

DIRECT PAY

Would you like us to use the bank account listed above to pay for the preparation of your tax return, along with any audit protection plans you have selected?

Yes, I give permission for direct pay No, I do not give permission for direct pay

If yes, please complete and sign the For Direct Payment Via ACH form attached to this packet.

ESTIMATED TAX PAYMENTS

Did you make any estimated payments? Yes No If so, please list dates and amounts below.

Quarter 1: Date _____ \$ _____ Quarter 2: Date _____ \$ _____

Quarter 3: Date _____ \$ _____ Quarter 4: Date _____ \$ _____

BUSINESS ACCOUNT INFORMATION (SKIP THIS SECTION IF NOT APPLICABLE)

Business Name: _____ FEIN: _____

Type of Entity: Sole Proprietorship Partnership S-Corp C-Corp Trust Estate

Franchise Tax Report? Yes No If yes, please provide, Taxpayer # _____ XT # _____

Have you brought all 1099's issued to your business? Yes No

Do you need to issue 1099's? Yes No (payments made to anyone over the amount of \$600, except for payments made to corporations, will need to be issued a Form 1099)

PLEASE DO NOT SUBMIT RECEIPTS TO US. PROVIDE A SUMMARY (ACCOUNTING SOFTWARE, EXCEL, HANDWRITTEN) OF YOUR INCOME AND EXPENSES AND THE TAX PREPARER WILL LET YOU KNOW IF WE NEED DETAILS. RETURNS WITH NO SUMMARY WILL INCUR ADDITIONAL PREPARATION FEES.



..... CERTIFIED PUBLIC ACCOUNTANT

CATHERINE L. OZMENT, CPA PLLC
3402 JOHN STOCKBAUER DR
VICTORIA, TEXAS 77901
361-578-7333

ADDITIONAL QUESTIONS

1. Did you receive the 3rd stimulus payment of \$1,400? Yes No

2. Did you receive any Advanced Child Tax Credit payments during 2021? Yes No

If yes, please provide the total amount received and/or Letter 6419 from the IRS. \$ _____

Failure to answer the questions above or providing incorrect information will delay the processing of your return with the IRS.

3. Did you make any charitable contributions during 2021? Yes No

If yes, please list organizations given to and how much. _____
